

EXHIBIT 6

Status Active PolicyStat ID 10740659



Origination	7/27/2004	Owner	Rebecca Hulea:
Last Approved	2/17/2022		Compliance Director
Effective	2/17/2022	Area	Compliance
Last Revised	2/17/2022	Applicability	Michigan Medicine Admin and Clinical
Next Review	2/16/2025	References	MM/UMH Policy, Policy

Michigan Medicine Visiting Observer: Individual Who May Observe But Not Provide Patient Care Policy, 04-06-061

I. POLICY STATEMENT, PURPOSE AND SCOPE

The purpose of this policy is to (1) define the circumstances in which observation of patient care are appropriate, (2) ensure that all observational experiences are conducted with the rights, dignity and best interests of patients in mind, (3) ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and standards for privacy of protected health information (PHI), (4) establish standard requirements for those who wish to observe patient care activities within Michigan Medicine.

1. The policy will be applied uniformly and consistently to all requests to observe patient care activities within Michigan Medicine.
2. This policy does not apply to visits by vendors or vendor representatives that are subject to UMHS Vendor Visitation and Interaction Policy, 01-04-008.
3. This policy does not apply to patient/family visitors who are subject to UMHS Visitation and Family Presence Policy, 03-07-021.
4. This policy does not apply to students, non-physician visiting health professionals and others who, for the purpose of furthering their education or providing education in their area of expertise, participate in clinical care and are subject to UMHS Students, (Non-Physician) Visiting Health Professionals, and Others Who Participate in Clinical Care, 04-06-062.
5. This policy does not apply to physicians who participate in patient care for the purpose of education, either with special expertise to demonstrate or assist specific procedures to Michigan Medicine physicians, or those wishing to learn specific procedures from Michigan Medicine physicians, that require privileges and are subject to Michigan Medicine Visiting

Clinical Scholars, 04-06-060.

6. Clinical Program Trainees (CPTs) are not eligible for observer status, therefore, are not covered under this policy. The hosting department should contact the Graduate Medical Education Office for guidelines related to clinical rotations and the associated application process under UMHS Special Purpose Trainee Appointment Policy, 04-06-055.
7. This policy does not apply to volunteers which are subject to UMHS Volunteer Service Policy, 01-05-001.

Lastly, this policy does not apply to prospective hires that are touring the clinical areas but not observing individual patient care activities or protected health information.

II. DEFINITIONS

Observer - Visiting health professionals, students, or others who may observe patient care activities and protected health information (PHI), and are NOT permitted to be involved, assist with, or participate in any patient care activities. These individuals are not fulfilling clinical rotation requirements. It includes health professionals who are invited by a clinical department for educational purposes (e.g., to deliver a lecture), but who also observe patient care, such as inpatient teaching rounds, without provision of patient care.

III. POLICY STANDARDS, PROCEDURES/ ACTIONS

A. Age Restrictions

1. Individuals who wish to observe patient care activities must be at least 18 years of age unless participating in a formal program affiliated with Michigan Medicine. These restrictions include any direct interactions with patients and/or identifiable medical records where protected health information (PHI) may be seen by the observer.
2. No participant under the age of 18 will be allowed to observe patients under the influence of anesthesia or who are sedated for medical procedures, or who are otherwise unable to give verbal permission for the observation.
3. No participant under the age of 18 will be allowed to observe procedures or examinations where patients are disrobed, or observe sensitive examinations such as breast and pelvic examinations or autopsies.
4. Age restrictions do not exist for participation in tours, but organizers are expected to exercise prudent judgment with respect to inclusion of young participants.

B. Pre-Visit Approvals

1. An observer may visit upon written (paper or electronic) approval of the hosting department of Chief of Staff (or designee).
2. Medical students applying or being recruited for a University of Michigan Medical School House Officer position, and those from other than the University of Michigan Medical School, may visit Michigan Medicine only after receiving Medical School

approval through the Office of Student Programs. The Office of Student Programs is responsible for any credentialing activities and placements according to the student's level of training and the availability of services and rotations. There are no exceptions to this process.

3. All other visiting observers are to be handled per guidelines of the sponsoring department. These must be in compliance with the general requirements outlined in part C below.
4. Programs or events involving individuals under the age of 18 are to be registered with the Children on Campus Program at least 60-days in advance of the program or event start date. Organizers of the program / event are to work with Children on Campus program administrators per SPG 601.34.

C. General Requirements

1. Visiting Observer Request Form (Exhibit B) must be completed. This form is to be kept at the department level. Approval for the Visiting Observer may not exceed one year.
2. HIPAA Compliance
 - a. If the length of the visit is to be two days or less, the "HIPAA Privacy Regulations in a Nutshell" (Exhibit A) may be used. This form must be kept at the department level.
 - b. If the visit will be for more than two days, the Visiting Observer must complete the on-line HIPAA Training and print the certificate of completion for the department. The verification is retained at the department level.
3. The Visiting Observer must report to the Key and ID Office at the beginning of the initial day of his/her visit to receive a Visiting Observer Badge. The badge must be worn at all times and will show the inclusive dates of his/her visit and alert patients and staff that the individual has no clinical privileges.
4. On completion of the visit, the visitor must return the Visiting Observer Badge to the sponsoring department.
5. The Visiting Observer must sign a Code of Conduct Attestation (Exhibit C) and otherwise comply with University of Michigan policies. The name of the visitor must be printed or typed, in addition to the signature. This is retained at the department level.
6. The Visiting Observer must be supervised by a sponsoring University of Michigan employee during any patient interactions or discussions about patient care.
7. The patient must be informed and give verbal consent before permitting the Visiting Observer to interact with any patient.
8. Specialty Area Observation: Written and dated confirmation of approval from a designated representative from the unit will be obtained prior to the anticipated visit (e.g., Operating Room, Medical Procedures Unit).
9. All visiting observers must provide proof of immunity to COVID-19, measles, mumps, rubella, varicella, pertussis, and influenza in compliance with Michigan Medicine

Infection Control Practices Policy, 04-06-002. Proof of a tuberculosis test (PPD or IGRA) within the past year is also required. The Michigan Medicine Immunization Documentation Form (Exhibit D) with proof of immunization must be completed and kept by the University of Michigan school/department that has responsibility for awarding credit to the student, or kept in the UMHS department/area. All records must be available upon request. Required immunizations can be found here.

IV. EXHIBITS

Exhibit A: HIPAA Privacy Regulations in a Nutshell

Exhibit B: Visiting Observer Request Form

Exhibit C: Code of Conduct Attestation

Exhibit D: Michigan Medicine Immunization Documentation Form

V. REFERENCES

UMHS Vendor Visitation and Interaction Policy, 01-04-008

Michigan Medicine Discipline for Privacy or Security Violations Policy, 01-04-390

Author: Office of Clinical Affairs; Compliance Office

Approved by:

Executive Committee on Clinical Affairs - July 27, 2004; December 13, 2005

Director and Chief Executive Officer, UMHC - August 27, 2004; December 22, 2005

Reviewed by Office of Clinical Affairs with no changes required - February 23, 2010

Reviewed by Office of Clinical Affairs with no changes required - June 20, 2014

Approved by: Executive Committee on Clinical Affairs - September 28, 2010

Endorsed by: Chief Executive Officer - October 6, 2010

Non-substantive revisions made by the Office of Clinical Affairs (Marc Moote) - September 2016

September 2016 revisions approved by ECCA - September 16, 2017.

Reviewed by Office of Clinical Affairs - April 2020 (changes accepted to align policy with SPG 601.34)

Attachments

A: The HIPAA Privacy and Security Regulations in a Nutshell

B: Visiting Observer Request Form

C: Code of Conduct Attestation

D: Michigan Medicine Immunization Documentation Form**Approval Signatures**

Step Description	Approver	Date
EVPMA	Marschall Runge: Executive Vice President for Medical Affairs, Univ [QV]	2/17/2022
UMHS President	David Miller: President, University of Michigan Health System, E [CJ]	1/24/2022
Reviewed and approved at ECCA	Adnan Ahmad: Staff Specialist Hlth	12/5/2021
Reviewed by Policy Owner/Workgroup/Sub-Committee	Rebecca Hulea: Compliance Director	11/15/2021

THE HIPAA PRIVACY and SECURITY REGULATIONS in a NUTSHELL

In 1996 Congress passed a law called the Health Insurance Portability and Accountability Act (HIPAA). That law required a set of federal regulations on Privacy and Security.

The Privacy Regulations

These regulations require all "Covered Entities (CEs) to give their patients a Notice of Privacy Practices telling how a patient's confidential health; billing and demographic information (called "Protected Health Information" or PHI) is protected by the Covered Entity. A "Covered Entity" is a health plan (such as an HMO), a clearinghouse (like WebMD), or a health care provider who submits bills electronically. Providers include private practitioners like doctors and dentists as well as hospitals and other health care facilities. The University of Michigan Health System and its providers are a Covered Entity.

Once the CE provides the Notice of Privacy Practices, it asks the patient to acknowledge receipt. The CE can then provide treatment, bill the patient for the treatment and perform core operations (such as infection control, quality assurance, sending reminder letters, accreditation, teaching, etc.). If a practitioner wants to do research involving the patient or the patient's records, the patient needs to authorize this use.

The Privacy regulation is intended to increase the patient's control over who can see or use the patient's PHI. So, while CEs can use or disclose the PHI for treatment, billing, and core operations, they need a written authorization for most other purposes (however, a patient can verbally tell a health care professional which of the patient's family members the provider may talk to about the patient's care, and inpatients in a facility can simply say whether they want to be listed in the facility directory).

Where a disclosure is required by law, for example reporting child abuse and certain diseases to public health authorities, no authorization is necessary.

The regulations give patients the right to access their PHI, request amendments to anything they feel is not correct, and obtain information about some disclosures made without their authorization. They also require CEs to be careful how they handle PHI: for example, we have to use it only for permissible purposes, provide only the minimum necessary information, verify the identity and authority of people who ask to see it, and take security precautions to protect it. If we fail to do these things, we can be subject to civil and criminal penalties.

The Security Regulations

As you will not have access to UMHS information systems during your visit, we are not required to educate you on security processes. However, should you observe any information security problems (including physical security of information systems or storage media), please report them to your host or to the UMHS Compliance Office at 615-4400

What Does UMHS Do?

Our patients' privacy is critically important to us. We have a Privacy Office that works to ensure compliance with the regulation. It can be contacted at hipaa-questions@med.umich.edu. We have a Notice of Privacy Practices posted in various locations throughout the Health System and on the Web at www.med.umich.edu/hipaa. Educational materials are available at <http://www.med.umich.edu/u/hipaa> (a different website, accessible only from within our network) if you would like to learn more. We have detailed policies and procedures setting forth our approach to protection of our patients' information. If these affect your visit at UMHS, they will be provided to you and you will be required to follow them. We require anyone who has access to our patients' PHI to sign a Confidentiality and Security Agreement. We also take appropriate disciplinary action if anyone wrongly uses or discloses PHI.

Why Are We Telling You This?

You must be educated before you can have access to any PHI so you can understand how important privacy is to us and to our patients. You must agree to strictly follow the regulations and our policies. If you are uncertain about what to do you must seek guidance before you look at or gain access to any PHI. If you have any questions, please talk to your host or supervisor, look at the website, or contact the Privacy Officer.

I agree to fully comply with the regulations outlined above.

Name (Print): _____ Signature _____ Date: _____

Clinical Department Visited: _____

University of Michigan Health System Code of Conduct Attestation

The University of Michigan Health System (UMHS) is committed to excellence and leadership in patient care, education and research. As an employee, faculty member, student, trainee, visitor, scholar, volunteer or vendor, I understand that I play a vital role in the success of the UMHS mission and that I will be held accountable for compliance with applicable law and University and UMHS policies and procedures. This statement summarizes the standards of conduct that UMHS requires me to uphold:

- ⌚ **Knowledge, understanding and compliance with the policies and procedures that apply to my work.** I agree to comply with all of the policies and procedures that relate to my work at UMHS, including the Code of Conduct. I agree that if I do not know whether an action is permitted, I will ask my supervisor or review the relevant policies. Sources include the U-M Standard Practice Guide, UMHS policies, and unit (e.g., Medical School, Hospital), department, and division-level policies and procedures. The UMHS compliance website has additional information. If I do not know what is permitted or required, I may contact the UMHS Compliance Office at (734) 615-4400 or the Health System Legal Office at (734) 764-2178 for guidance.
- ⌚ **Avoiding fraud, waste and abuse.** I will accurately and honestly perform my work for UMHS, and will not engage in any activity intended to defraud anyone of money, property or services. I will not request or accept payment, either directly or indirectly, that is intended to induce referrals, or to induce the purchasing, leasing, ordering or arranging for any item or service at or from any organization or facility. I will comply with UMHS and University policies on conflicts of interest and on interactions between vendors and faculty/staff. I have reviewed and understand the summary of federal and state false claims and whistleblower protection laws. I will report any potential fraudulent or false claims, inappropriate billing practices, or similar concerns to my supervisor or the Compliance Office.
- ⌚ **Protecting the confidentiality and security of information.** I may have access to proprietary or confidential information (including protected health information) about UMHS operations, workforce members, subjects, and/or patients ("sensitive information"). All of this information, in whatever form transmitted or received (e.g., oral, fax, photographic, written, electronic), must be treated by me in a confidential and secure fashion. I have completed and understand any UMHS HIPAA training required for my position.
- I will not access, release, or share sensitive information – even demographic screens with addresses and phone numbers – unless doing so is necessary as a part of my assigned duties, or I am authorized to do so by a Release of Information form. **I understand that my access to UMHS systems containing sensitive information may be audited at any time**, with or without cause. I understand that I am responsible for any access that occurs using my password.
- I will protect sensitive information. **I will not share my passwords or access to any UMHS systems or applications with any other person.** I will be careful to avoid inadvertently revealing sensitive information, including avoiding discussions of sensitive information in public places. I will not remove sensitive information from UMHS without my supervisor's permission and I understand that I am responsible for maintaining the security of such information in accord with UMHS standards. **If I use a portable electronic device (e.g., laptop, PDA), I will ensure that it meets UMHS security standards.**
- I understand that when my employment, affiliation, visitation or assignment with UMHS ends, I may not take any sensitive information with me and I may not reveal any UMHS sensitive information to any third person except as permitted by a Release of Information form (in the case of individually

University of Michigan Health System Code of Conduct Attestation

identifiable private information) or by written release from an authorized UMHS representative (in the case of proprietary information).

- ☉ **Disclosing actual and potential conflicts of interest or commitment and complying with any plans imposed to manage those conflicts.** I agree to report any potential or actual conflicts of interest or commitment, and I have reported any current potential or actual conflicts of which I am aware. An actual or potential conflict occurs if I or a family or household member has an outside personal, professional, commercial, or financial interest. While outside relationships and activities that further the University's academic and clinical missions are encouraged, conflicts can arise. The existence of a conflict is not inappropriate in and of itself. However, in an academic or clinical setting, these relationships or activities can compromise or be perceived to compromise basic values of openness, scientific integrity, independence, and public trust. I understand that for these reasons, actual or potential conflicts must be disclosed and managed to assure that they do not compromise my judgment, bias my research, influence my decisions with respect to academic or clinical matters or University business, result in personal advancement at the expense of the University, or otherwise interfere or compete with the University's educational, research, or service missions, or with my ability or willingness to fulfill my responsibilities. I will disclose actual or potential conflicts of interest and conflicts of commitment as required by University and Health System policies. [If I am a vendor employee, I have reported and will continue to disclose any such conflicts to my employer.]
- ☉ **I agree to treat all UMHS personnel with respect, courtesy, and dignity** and will conduct myself in a professional and cooperative manner. I understand that collaboration, communication and collegiality in the workplace are essential for the provision of safe and competent patient care. Examples of appropriate and inappropriate behavior are provided in UMHS Policy 04-06-047, Disruptive or Inappropriate Behavior by UMHS Personnel. I also agree to report any disruptive or inappropriate behavior that I am subjected to or that I observe in the workplace.
- ☉ **I understand that if I do not comply with University or UMHS policies and procedures or applicable law, I may be subject to immediate disciplinary or corrective action, up to and including dismissal, termination of contract, and/or loss of access to UMHS property or resources.** I understand that noncompliance with federal or state law may result in criminal and civil penalties against the University, my employer (if I am employed by another entity) and/or me personally.
- ☉ **I agree to immediately report suspected noncompliance** to my supervisor, or to the UMHS Compliance Office at (734) 615-4400. I understand that I may also make such a report anonymously to (866-990-0111) or through the compliance website. I agree to cooperate with any investigation of possible noncompliance and not to withhold relevant information. UMHS does not tolerate retribution or retaliation against anyone reporting suspected noncompliance in good faith. I will immediately report to my supervisor and Medical Staff Services (if I am a member of the medical staff, physician's assistant, or advanced practice nurse) or Human Resources (if I am licensed, certified, or registered as a health professional) any suspension, restriction, termination, or change in status of any health professions license that I hold.

BY SIGNING BELOW, I CERTIFY THAT I AM IN COMPLIANCE WITH ALL UNIVERSITY AND UMHS POLICIES AND PROCEDURES, INCLUDING THOSE THAT REQUIRE ME TO REPORT ANY SUSPECTED NON-COMPLIANCE.

Name	Date
Signature	Employee ID # or Vendor Employer ID #

Revised 12/18/08,

Revisions Approved by: UMHS Compliance Committee

Revision Effective Date: 01/01/2009



University of Michigan Hospitals and Health Centers Visiting Observer Request Form

NAME: _____
Please Print Clearly or Type

Inclusive Dates of Visit: ____/____/____ to ____/____/____

Hosting Clinical Department: _____

Division/Section: _____

Responsible UMHC Sponsor: _____
Please Print Clearly or Type

Proposed Visiting Observer:

____ Non-Physician Health Professional Please specify type: _____

____ Other Please specify type: _____

Rationale for Visit

____ Short-term teaching

____ Observation of Procedure(s)

Type of Procedure (s) _____

Number of Procedures _____

____ Other (Please describe): _____

Proposed Clinical Activity

1) What clinical activity will the individual observe while he/she is visiting?

(Check all that apply)

____ Outpatient

____ Inpatient

____ Work with research subjects

____ Clinical skills teaching

____ Resident supervision in clinic or inpatient

____ Operating Room

(Separate written and dated approval from a designated representative from the Operating Room required)

____ Other: (Please describe below)

I acknowledge and will comply with the following guidelines:

- The Visiting Observer will not perform patient examination, perform or assist with procedures, provide therapy, or otherwise provide health care services.
- The UMHHC sponsoring Department Representative will accompany the Visiting Observer at all times.
- The Visiting Observer must report to the **Key and ID Office** at the beginning of the initial day of his/her visit to receive a color-coded Visiting Observer Badge. The badge must be worn at all times. This badge will show the inclusive dates of his/her visit, and alert patients and staff that this individual has no clinical privileges, and can perform no patient care activities.
- The duration of the initial visit will not exceed one year.
- Operating Room Observation: Written and dated confirmation of approval from a designated representative from the Operating Room will be obtained prior to the anticipated visit.
- At the completion of the visit, the hosting clinical department is responsible for the disposal of the Visiting Observer Badge.
- If the length of the visit is to be two days or less, the HIPAA Privacy Regulations in A Nutshell Form may be used. If the visit will be for more than two days, the Visiting Observer must complete the on-line HIPAA Training <http://www.med.umich.edu/hipaa/ppt/> and the requesting Clinical Department will facilitate an email to hipaa-questions@med.umich.edu for a Certificate of completion. The completed form is to be kept at the department level. Approval for the Visiting Observer may not exceed one year.
- All patients (as applicable) will be informed of, and be given an opportunity to consent or object to the presence of the Visiting Observer during their care, and an appropriate Consent Form has been completed.

SIGNED: _____
Department/Section Head (Date)

SIGNED: _____
UMHHC Clinical Department Sponsor (Date)

This completed form should be kept on file in the clinical Department.

M MICHIGAN MEDICINE

PART I - TO BE COMPLETED BY THE APPLICANT

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____

Department/Division: _____ Department contact (if known): _____

Job Title: _____ Start date: _____

PART II - DOCUMENTED PROOF MUST BE ATTACHED WITH THIS FORM

1. RUBELLA

☐ Live Rubella (or MMR) vaccine (2 Doses):
Dose 1: ____/____/____ Dose 2: ____/____/____

OR

☐ Rubella Titer: ____/____/____ Result: positive/negative (circle one)

2. MUMPS

☐ Mumps (or MMR) vaccine (2 Doses):
Dose 1: ____/____/____ Dose 2: ____/____/____

OR

☐ Mumps Titer: ____/____/____ Result: positive/negative (circle one)

3. RUBEOLA (Measles)

☐ Live Rubeola (or MMR) vaccine (2 Doses):
Dose 1: ____/____/____ Dose 2: ____/____/____

OR

☐ Rubeola Titer: ____/____/____ Result: positive/negative (circle one)

4. CHICKENPOX (VARICELLA)

☐ Varicella Titer: ____/____/____ Result: positive/negative (circle one)

OR

☐ Varicella Vaccine (2 Doses):
Dose 1: ____/____/____ Dose 2: ____/____/____

5. HEPATITIS B VACCINATION (not required but recommended for those with potential exposure to blood)

☐ Dose 1: ____/____/____ Dose 2: ____/____/____ Dose 3: ____/____/____
☐ Positive immune titer: ____/____/____

6. Tdap (Tetanus, Diphtheria, Pertussis) vaccination: ____/____/____ (Td-Tetanus Diphtheria will not meet the requirement) **** Must have one dose of adult Tdap (eff 2011)

7. INFLUENZA vaccine: ____/____/____ (Required for current flu season)

8. TUBERCULOSIS (For TST, a two-step test is required with the second Tb test occurring in the last 30 days. For Quantiferon Or T-spot testing, the results of the blood draw must occur in the last 30 days)

Date of 1st step PPD: Applied on ____/____/____ (Result only report if reactive)

Date of 2nd step PPD: Applied on ____/____/____ Read on: ____/____/____

If positive, QFT (required): ____/____/____ Result: _____ mm Negative _____ mm Positive

Attach Copy

9. COVID-19 VACCINATION (Booster or Dose 3 not required)

Manufacturer: _____

Dose 1: ____/____/____ Dose 2: ____/____/____ Booster or Dose 3: ____/____/____